

COMBINED DECLARATION AND POWER OF ATTORNEY



As a below named inventor, I hereby declare that:

My citizenship, residence and post office address are as listed below next to my name.

I believe I am the original, first and [] sole/[x] joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: Fusion Receptors Specific for Prostate-Specific Membrane Antigen and Uses Thereof the specification of which

(a) [X]	is attached her	reto.				
(b) [] was filed on		as	as Application Serial No.		and was amended on	
(c)[]	was described amended on	and claimed in Intern	ational Application No	filed on	and	
the clair	ms, as amende tion which is ma	ve reviewed and unde d by any amendment	dgment of Duty of Discloserstood the content of the ab referred to above. I acknow ility of the subject matter cla egulations § 1.56(a).	oove identified spended in the spended in the second contract the second contract to the se	disclose	
365(c) of insofar states of acknowledge	of any PCT inte as the subject r or PCT internati rledge the duty n the filing date	rnational application d matter of each of the c ional application in the to disclose material in of the prior application	35 U.S.C. § 120 ted States Code, § 120 of a lesignating the United State claims of this application is r manner provided by the fir formation as defined in 37 of and the national or PCT in	s of America, listent disclosed in the st paragraph of 3 DFR § 1.56 which	ed below and, le prior United 5 U.S.C. § 112, I l became available	
	US00/09512	April 7, 2000	Pending		5 () () () () () () () ()	
(Applicati	on Serial No.)	(Filing Date)	(Status)(patented,pending,aba	andoned) (Patent No. if applicable)	
(Applicati	on Serial No.)	(Filing Date)	(Status)(patented,pending,aba	andoned) (Patent No. if applicable)	

Power of Attorney

I hereby appoint Carl Oppedahl, PTO Reg. NO. 32,746, Marina T. Larson, PTO Reg. No. 32,038, and D'Arcy Straub, Reg. No. 47,113, of the firm of OPPEDAHL & LARSON LLP, having office at P.O. Box 5068, Dillon, CO 80435-5068 as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:

021121

PATENT TRADEMARK OFFICE

DIRECT TELEPHONE CALLS TO: OPPEDAHL & LARSON LLP (970)468-6600





Claim for Priority

I hereby claim foreign priority benefits under 35 U.S.C. § 119 (a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign applications for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

EARLIEST FOREIGN APPLICATION(S), FILED WITHIN TWELVE MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION						
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	PRIORITY CLAIMED	CERTIFIED COPY ATTACHED	
				YES[]NO[]	YES[] NO[]	
FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION						
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	·		

Provisional Application

I hereby cla	im the benefit ι	under 35 U.S.	C § 1	19(e) of an	United States	provisional	application(s	s) listed b	elow.

60/128,593	April 9, 1999
(application number)	(filing date)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR	LAST NAME Rosen	FIRST NAME Neal	MIDDLE NAME
RESIDENCE & CITY OF RESIDENCE CITIZENSHIP Englewood		STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP USA
POST OFFICE ADDRESS Office of Industrial Affairs Memorial Sloan-Kettering Cancer Center 1275 York Avenue		CITY New York	STATE/COUNTRY ZIP CODE NY 10021
DATE		SIGNATURE SIGNATURE	

[X] Signature for additional joint inventor attached. Number of Pages 2

- [] Signature by Administrator(trix) or legal representative for deceased or incapacitated inventor. Number of Pages ____.
- [] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages ___.

NAME OF SECOND LAST ME FIRST NAME MIDDLE NAME **INVENTOR** Kuduk Scott D. CITY OF RESIDENCE RESIDENCE & STATE OR COUNTRY OF RESIDENCE COUNTRY OF CITIZENSHIP CITIZENSHIP New York NY USA POST OFFICE ADDRESS CITY STATE/COUNTRY ZIP CODE Office of Industrial Affairs New York Memorial Sloan-Kettering Cancer Center NY 10021 1275 York Avenue DATE . **SIGNATURE** 2001 NAME OF THIRD LAST NAME FIRST NAME MIDDLE NAME INVENTOR Danishefsky Samuel RESIDENCE & CITY OF RESIDENCE STATE OR COUNTRY OF RESIDENCE COUNTRY OF CITIZENSHIP CITIZENSHIP Englewood USA POST OFFICE ADDRESS CITY STATE/COUNTRY ZIP CODE Office of Industrial Affairs New York NY 10021 Memorial Sloan-Kettering Cancer Center 1275 York Avenue DATE **SIGNATURE** NAME OF FOURTH LAST NAME FIRST NAME MIDDLE NAME INVENTOR Zheng Furzhong **RESIDENCE &** CITY OF RESIDENCE STATE OR COUNTRY OF RESIDENCE **COUNTRY OF CITIZENSHIP** CITIZENSHIP New York NY CN POST OFFICE ADDRESS CITY STATE/COUNTRY ZIP CODE Office of Industrial Affairs New York NY 10021 Memorial Sloan Kettering Cancer Center 1275 York Avenue DATE SIGNATURE NAME OF FIFTH LAST NAME FIRST NAME MIDDLE NAME INVENTOR Sepp-Lorenzino Laura RESIDENCE & CITY OF RESIDENCE STATE OR COUNTRY OF RESIDENCE **COUNTRY OF CITIZENSHIP** CITIZENSHIP New Haven CT POST OFFICE ADDRESS CITY STATE/COUNTRY ZIP CODE Office of Industrial Affairs New York NY 10021 Memorial Sloan-Kettering Cancer Center 1275 York Avenue DATE 8 8 2001 **SIGNATURE** true de la

Quatret

NAME OF SIXTH LAST LAST OUERFULL.	FIRST NAME Ouatek	MIDDLE NAME
RESIDENCE & CITY OF RE CITIZENSHIP New York		SIDENCE COUNTRY OF CITIZENSHIP TN
POST OFFICE ADDRESS Office of Industrial Affairs Memorial Sloan-Kettering Cance 1275 York Avenue	r Center New York	STATE/COUNTRY ZIP CODE NY 10021
DATE	SIGNATURE	9